DOCUMENT RESUME

ED 245 847 RC 014 754

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TITLE	Suicide among American Indian Adolescents. Some Facts about the Rising Rate of Suicide among American Indian Adolescents; Information on Causes and Warning Signs; and Examples of Effective Efforts and Prevention Resources. Linkages for Indian Child Welfare Programs.
INSTITUTION	National American Indian Court Judges Association.
SPONS AGENCY	Children's Bureau (DHHS/OHS), Washington, DC.
PUB DATE	Mar 84
NOTE	12p.
PUB TYPE	Guides - Non-Classroom Use (055)
EDRS PRICE	MF01/PC01 Plus Postage.
DESCRIPTORS	*Adolescents; *American Indians; Cultural Influences; Depression (Psychology); *Environmental Influences; Helping Relationship; *Information Sources; Intervention; *Prevention; Resource Centers; Secondary Education; Stress Variables; Student Characteristics; *Suicide; Tribes; Youth

ABSTRACT

Suicide among American Indian adolescents has increased by almost 1000% over the past 20 years to become, as in Anglo society, the second most frequent cause of death in the 10 to 20 year old age group. The two major causes of adolescent suicide are acute stress and chronic depression. Environmental factors contributing to American Indian suicides include breakdown of tribal tradition, lack of effective role models, having alcoholic parents, coming from a broken home, too early marriage, failure to learn in school, unemployment, group contagion phenomenon, and anniversary reaction phenomenon (following the example of a parent or relative who has suicided). Where suicide rates remain low, particularly in the Southwest, tribes tend to be more traditional in their daily living, and opportunities for employment and education exist within the tribal community. Effective efforts to reduce the American Indian adolescent suicide rate require tribal sanction, involvement of tribal elders, and recognition of each tribe's particular traditional attitudes. Measures that have been successful include use of elders to stay with arrested adolescents, suicide prevention centers, high school programs for pregnant adolescents, first offender programs, early intervention prevention programs, identifying at-risk adolescents, and at-risk adolescents trained as counselors. A list of resources and programs available to American Indian tribes is provided. (NEC)

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Linkages

for Indian Child Welfare Programs

Suicide Among American Indian Adolescents

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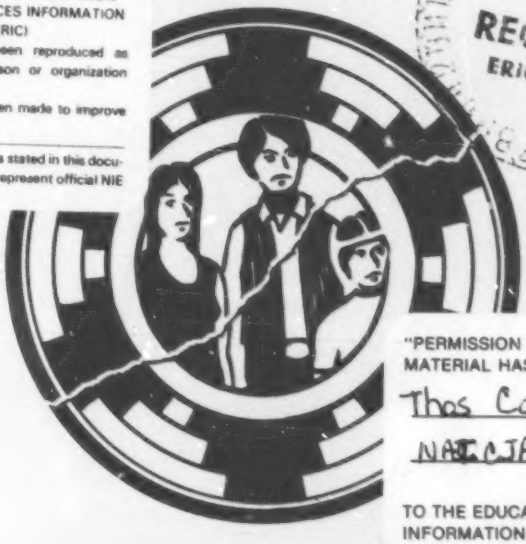

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Some facts about the rising rate of suicide among American Indian adolescents; information on causes and warning signs; and examples of effective efforts and prevention resources.

As part of its Linkages *project to disseminate information on topics considered vital to the welfare of American Indian children, the National American Indian Court Judges Association offers this brochure on the subject of suicide among American Indian adolescents. It is hoped that the information provided will increase awareness and understanding of the problem and contribute to prevention and intervention efforts.*

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Suicide Among American Indian Adolescents

Suicide among American Indian adolescents has, on many reservations, increased 200-300 percent in the last 20 years. The same rapidly increasing adolescent suicide rate is being experienced by Anglo society. Indeed, in both groups, suicide has become the *second most frequent cause of death* in the 10 to 20 year old age group.

On a few reservations, however, the suicide rate has NOT increased. On those reservations, several factors are clear. Where the suicide rate has remained low, (1) the tribes tend to be more traditional in their daily living and (2) their adolescents are able to remain at home because opportunities for employment and education exist within the tribal community.

WHAT TRIBES HAVE HIGH SUICIDE RATES?

While there are no good national studies which compare suicide rates between tribes, studies done in the Southwest show a lower suicide rate in the more traditional tribes and pueblos. Tribes with high suicide rates include great plains tribes which were moved often or far from their original living areas. In the dislocation process, these tribes were unable to practice their traditional ways of living. This became especially true for hunting tribes confined to reservations.

WHAT DOES THE SUICIDE RATE INCREASE MEAN?

On those reservations where high suicide rates exist, one American Indian young person out of a community of 800 will kill him or herself each year.

In the past 20 years, the number of suicide attempts among American Indian adolescents has increased (as it has in the general population) by almost 1000%. This means that ten times as many Indian adolescents today are attempting suicide than did in 1963.

HOW ACCURATE IS THIS SUICIDE RATE ESTIMATE?

It is conservative. In addition to the clearly recognized suicides, about ¾ of the adolescents killed while driving alone in a car are believed to be suicides. Since auto fatalities and other accidents, often related to drinking or taking of drugs, are the most important cause of death in adolescence, it means the suicide problem is a very serious one.

WHO ATTEMPTS SUICIDE?

More male adolescents *accomplish* suicide; but more female adolescents *attempt* it. In a 1974 study of American Indian adolescent suicides by L.H. Dizmang and co-workers, the following statistics were identified.

- 70% of the American Indian adolescent suicides had more than one significant caretaker or parental figure before age 15 as compared to 15% of the adolescents in the comparison group.
- 40% of the primary caretakers or parent figures of the suicide group had five or more arrests compared to 7.5% of the comparison group's caretakers.
- 50% of the suicide group had experienced two or more parental losses by divorce, or desertion, compared to 10% of the comparison group.
- 80% of the suicides had one or more arrests in the twelve months before their suicide compared to 25.5% of the comparison adolescents.
- By age 15, 70% of suicides had been arrested compared to 20% of the control group.
- 60% of the suicides attended boarding school before 9th grade compared to 27.5% of the control group.

WHAT DIFFERENT BASIC CAUSES OF SUICIDE OCCUR AMONG YOUNG PEOPLE?

There are two major categories of suicide causes. One is *acute stress*. The other is *chronic depression*.

HOW CAN A POTENTIAL ACUTE STRESS SUICIDE BE RECOGNIZED?

Acute stress suicides often involve an adolescent who has generally done well and is highly regarded by family, friends and community. With these adolescents, the suicide attempt is believed to be triggered by a specific, acute stress combined with its resultant emotional response. For example, the *combination* of an adolescent's sudden loss, through rejection or physical separation of a parent or special friend, *and* a resultant feeling of aloneness, helplessness, or unattractiveness, *may* lead to suicide. Likewise, the onset of a severe physical illness, combined with a resultant loss of confidence or fear of being a burden, may trigger a suicide attempt.

The warning signs of acute onset of suicidal feelings are:

- A sudden behavior change from friendly to angry or withdrawn;
- Sudden sadness, depression and loss of appetite;
- Sudden sleeping problems;
- Sudden stopping of athletic, school or valued social activities and/or a reversal of good performance in any of these;
- Giving away valued possessions and clothes because "they are no longer needed;" and
- A sudden false cheerfulness and sense of relief resulting from a decision to kill oneself.

HOW CAN A POTENTIAL CHRONIC DEPRESSION SUICIDE BE RECOGNIZED?

Chronic depression is depression which has occurred over a long period of time. Teenagers who are chronically depressed feel hopeless, helpless and unable to look forward to a future that promises better things. They are often children who have been deprived of parental care and love, and many of them have been abused. They have little trust in adults and feel that no one cares if they learn well or are successful.

Unless some teacher pays special attention to their needs, many chronically depressed adolescents never feel successful in learning. Subsequently, they begin to avoid school. Most chronically depressed youngsters who turn to suicide have been reported by high school teachers as looking sad, not learning, and being alone most of the time. Those who do seek the companionship of friends often seek out other youngsters who feel like they do. These groups hang together and often drink, take drugs or inhale glue together.

The most important contributing factor to suicide among depressed adolescents is their feeling of being helpless to change their life, their world and the attitudes of their family or other adults toward them. They, therefore, feel hopeless and see no reason for living. Such feelings cause an *"I don't care"* attitude which results in reckless driving, alcoholism and drug abuse.

The warning signs that a chronically depressed adolescent may be considering suicide are:

- Increased drinking and drug taking to relieve increased bad feelings about oneself;
- Increased risk taking in driving or work activities;
- Increased violence towards others as if there is a need to hurt and to be hurt physically;

- Increased isolation from friends and family;
- Increased problems with sleeping (can't sleep at all or sleeps all the time);
- Refusal to eat as if one is not worth feeding; and
- New or increased trouble with the law for drunk driving, assaultive behavior, etc.

WHAT ARE THE ENVIRONMENTAL FACTORS WHICH CONTRIBUTE TO SUICIDE AMONG AMERICAN INDIAN YOUNG PEOPLE?

There are a number of environmental factors which have been identified as contributing to chronic depression and suicide among adolescents. Some of these factors are specific to Native American youth; others are more universal.

The *breakdown of tribal tradition* is a factor which has been found to contribute to the incidence of suicide among Native American adolescents. Most studies of American Indian adolescent suicide show that where tradition is strong, the tribe's customs, religious ceremonies, and healing methods give the adolescent a feeling of security and a sense of belonging. Additionally, the various ceremonial puberty rites tie adolescents to adults and charge the adolescent with specific duties and obligations.

The *lack of effective adult role models* is a contributing factor to the suicide rate among all adolescents. A parent figure of the same sex is important to provide an example of how adults carry out their responsibilities to family and community. Where such positive role models are not available, the youth may feel not valued.

Having *alcoholic parents* is a contributing factor. Alcoholic parents are often unable to provide the care, support and love so necessary to children. The fights and troubles of alcoholic parents with each other show children that adults cannot love and get along with each other. Indeed, most child abuse among Indian children occurs because the parents have been drinking and take their upset feelings out on their children. Often alcoholic parents expect the small child to take care of their needs, cook and clean for them as if they, the parents, were children.

Coming from a broken home also contributes to suicide. When parents either divorce or separate and live apart, the anger of one parent often is taken out on the children. For example, a mother may transfer her negative feelings against an undependable deserting father to her sons. Thus, the sons feel devalued, no good, and begin to live up to the reputation their

mother has given them. In tribes where the extended family system remains strong, this system often functions to support children caught in a broken home situation.

Too early a marriage may also have a destructive impact. Many adolescents enter marriage to try to find a love which was absent at home. These adolescents, who still need parents to take care of them, often find *themselves* parents before they have fully grown up. Thus, they are not able to take care, or meet the demands, of a baby. Their babies, in turn, never get enough caring and attention to develop trust and security.

Failure to learn in school is another negative factor. Studies show that educated Indian adolescents feel effective and responsible and have a desire to help others. Research also shows that the most important reason for any child's doing well in school is his/her parents' interest and encouragement in the learning process.

Unemployment, or the inability of an adolescent to find work, is another environmental factor which may influence some young people toward suicide. When there are no jobs through which an adolescent can express responsibility and carry out adult obligations, he/she is apt to feel unworthy, unhappy and depressed. Those tribes that are able to provide their young people with a way of earning a living help these adolescents to feel valued by enabling them to remain in their cultural community and providing continuity between generations.

The *group contagion phenomenon* contributes to adolescent suicide. Here, one suicide in an adolescent group is followed by several more in a short period of time. In some communities, up to six adolescents within the same peer group have suicided in succession. In these cases each adolescent, feeling that he or she is just as bad off and just as unwanted as the first, simply follows the leader.

The *anniversary reaction phenomenon* needs to be kept in mind. An adolescent, on an appropriate anniversary date, follows the example of a parent or relative who has suicided. This tendency is particularly strong when the relative involved is an older brother. Often, on the anniversary of the suicide death, the next oldest male adolescent in the family will take his life. Family environment, role modeling and the pressures of adolescence all contribute to this phenomenon.

Another important environmental factor which may contribute to the suicide rate among Native American youth is *adoption* in which the American Indian child has been placed in an Anglo family. These children often feel rootless. In adolescence, when they leave the Anglo family, they

find they are neither Anglo or Indian. This rootless feeling leads to acute hopeless, helpless feelings. The result is a suicide rate among Anglo-adopted Native American adolescents that is twice that found on any reservation.

WHAT ARE THE EFFECTIVE EFFORTS TO REDUCE THE RATE OF SUICIDE AMONG NATIVE AMERICAN YOUTH?

Some measures have been rather successful. They are listed below.

- *Use of Elders to Stay with Arrested Adolescents.* The number of suicides was reduced among Indian adolescents jailed for minor offenses in an experimental program run by a Northwest tribe with the help of psychiatrists in a Northwest university. In this program, elders were asked to volunteer to stay overnight with adolescents when they were jailed, either on the reservation or in a nearby city. The elders talked to the adolescents about their potential value to their people and continued a relationship with the adolescent for as long as the adolescent needed it. The incidence of suicide was reduced by 80 percent.

- *Suicide Prevention Centers* have been established on several reservations for adolescents who are threatening suicide or whose family and friends feel they may suicide. In these centers, counselors and trained elders provide support. They help to identify problems and arrange for discussion of these problems. They also try to help the adolescent find a useful role in the community.

- *High School Programs for Pregnant Adolescents.* In several tribal high schools, pregnant adolescents are kept in school and enrolled in child care and child development courses. They are paid to work in day care centers and thus learn to take care of infants and preschool children. As they learn and feel more effective, these girls lose their depression and become less frightened of being a parent, lessening the possibility of suicide attempts.

- *First Offender Program.* Alcohol and drug abuse are part of most suicide attempts. When one tribal court confronts alcohol and drug abuse, it sentences the adolescent and his/her parents to ten group counseling sessions. Several families together are helped by a team of tribal counselors. The counselors role-play different family situations and help family members act out various responses. Adolescents and parents exchange roles and, through this method, learn to talk together rather than fight or ignore problems. Problem solving methods are thereby practiced by each family and the results are good.

- *Early Intervention Prevention Programs.* The most useful long range effort to prevent suicides is to make sure that children are well taken care of and not abused. An early intervention model used on several reservations has had good results. New mothers and their infants come to the program two or three times a week. They learn how to stimulate, play with, sing to, and massage their infants. The mothers become very pleased with the infants' responsiveness. The smiles of the infants and their playfulness are enjoyed. In these programs, fathers are encouraged to join in to learn to stimulate their infants as well. It is rare for these parents who learn to provide good infant care to later abuse their infants or toddlers.

- *Identifying At-Risk Adolescents.* Adolescents who are outstanding as students, athletes, cheerleaders, or debate leaders may be at risk. Native tradition requires that no one stands out from the group or acts as if he/she is better. In several boarding schools outstanding adolescents, especially girls, have been harrassed and several have made suicide attempts. Support groups of parents and tribal elders were called in by the school. They affirmed the tribe's need for outstanding young men and women to carry on tribal traditions.

- *At-Risk Adolescents Trained as Counselors.* On one reservation, high-risk adolescents were trained to teach child care and to counsel new mothers. These "counselors" were girls who were identified to be at high risk for suicide because of family troubles. They left home, were drinking or taking drugs; they had dropped out of school and were getting into trouble for drinking. These adolescent young women were paid to learn counseling and infant stimulation methods so they could teach them.

  They were also taught to work with withdrawn or overactive, aggressive children in the nursery school. They not only learned how to handle these children but became interested in how and why these children had problems. They also learned to help the parents work with their own children. With new skills and new purpose in their lives they became reliable, concerned members of the tribe.

Any suicide prevention and intervention effort requires tribal sanction and must include that particular tribe's traditional attitudes. To be successful, each effort requires the involvement of tribal elders who, by their participation, show the tribe's concern for its adolescent members and their future.

WHAT SUICIDE PREVENTION RESOURCES ARE AVAILABLE TO AMERICAN INDIAN TRIBES?

The National Clearinghouse for Troubled Youth has a number of resources and models working throughout the country. For information on these resources and programs, contact:

Information Program, Youth Clearinghouse
Contact Inc.
P.O. Box 81826
Lincoln, NE 68501
(402) 464-0602

For information on Early Intervention Programs, contact:

Dr. Irving N. Berlin, Director
Division of Child Psychiatry
University of New Mexico
2400 Tucker Avenue, NE
Albuquerque, NM 87131
(505) 277-4002

For information on First Offenders Programs, contact:

Dr. Ross Snyder
University of New Mexico
Department of Psychiatry
2400 Tucker Avenue, NE
Albuquerque, NM 87131
(505) 277-4003

For information on Suicide Prevention through the Use of Elders, contact:

Social Psychiatry Programs
Department of Psychiatry
The Oregon Health Sciences University
3181 Southwest Sam Jackson Park Road
Portland, OR 97201
(503) 225-5651

For crisis intervention with runaway or at-risk youth, contact:

National Runaway Hotline
800-231-6946 (outside Texas)
800-392-3352 (within Texas)

This brochure was published by the Linkages project of the National American Indian Court Judges Association with funds from the Children's Bureau, Administration for Children, Youth and Families, Office of Human Development Services, U.S. Department of Health and Human Services. Copies may be ordered, for printing and mailing costs, from the National Indian Law Library, 1506 Broadway, Boulder, Colorado 80302.

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March 1984